

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10607 III
APPLICANT(S) _____

FILING DATE 06-27-03

CLAIMS															
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2	/						52								
3	/						53								
4	/						54								
5	/						55								
6							56								
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39	/						89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	←		←		←		TOTAL IND.	←		←		←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←		←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←		←		←		←	